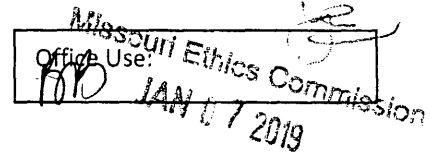




Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1. Statement Information

Date: 12/18/2018

Type: ☐ New ☒ Amended (if amending, enter MEC ID C180168 & section changed Election Date)

2. Committee Information

Friends of Mary Elizabeth Coleman

Name of Committee

1015 Sable Lane, Arnold, MO 63010

Committee Mailing Address, City, State, & Zip

(314) 691-1476

Telephone Number

Official Committee Email Address

Jefferson County Clerk

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Lucas Null

Treasurer's Name (First & Last)

1015 Sable Lane, Arnold, MO 63010

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 691-1476

Treasurer's Home Telephone Number

()

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

()

Dep. Treasurer's Home Telephone Number

()

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

AMENDMENT

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Mary Elizabeth Coleman, 1020 Sable Lane, Arnold, MO 63010

Name & Mailing Address, City, State & Zip of Candidate

(314) 375-6715

Telephone Number (Candidate Committees Only)

08/04/2020

Election Date

State Rep Dist. 97

Office Sought & Political Subdivision

Republican

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)